



CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: 2/20/24

TYPES OF CERTIFICATE (see definitions below)

NUMBER OF VEHICLES

- A. TAXICAB
B. MOTEL OR HOTEL COURTESY CARS
C. COURTESY CAR
D. RENTAL VEHICLE-CHAUFFEUR OR SIGHTSEEING
E. NON MOTORIZED VEHICLES-FOR HIRE
F. NON MOTORIZED VEHICLES-SELF PROPELLED

Blank lines for entering the number of vehicles for each category, with '2' handwritten in the line for category D.

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE APPLICANT IS:

- Individual (checkbox), Business Entity (checked), Corporation (checkbox)

PLEASE PRINT

Individual / Business Name: Frankie's Shuttles
Address: 2217 SW 33rd Way Fort Lauderdale, FL 33312
Contact Person: Marcelo Salvo
Phone Number: (954) 348-4467 E-mail address: MarceloSalvo19@gmail.com

1) The number of motor vehicles the applicant desires to operate, including a brief description of each (make, model and year), and the corresponding vehicle identification number (VIN) and license plate number.

Definitions (Section 27-1)

Rental car with chauffer means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week, or month.

Sightseeing vehicle means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired and a description of the transportation service proposed to this application and label as EXHIBIT 1.



Venice of America Transportation and Mobility Department

Exhibit 1 is attached to this application.

2) The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.

Vehicle Type: Low Speed Vehicle VIN# FLA119324

Proposed rate and/or fare: \$ 5-10 or Tip

Vehicle Type: Low Speed Vehicle VIN# FLA122355

Proposed rate and/or fare: \$ 5-10 or Tip

NOTE: If additional space is needed for rates and/or fares please attach a separate sheet and label it EXHIBIT 2; check box below if exhibit is being provided.

Exhibit 2 is attached to this application.

Rates, Fares and charges agreement

I, Marcelo Salvo, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.

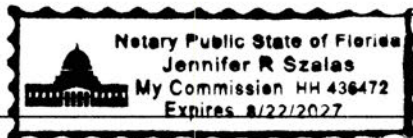
[Signature]

Signature of Applicant

Marcelo Salvo

Name of Applicant (print or type)

Sworn to & subscribed before me this 20<sup>th</sup> day of February, 2024



Notary

The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent Location: Bahia Mar Ft. Lauderdale  
801 Seabreeze Blvd, Ft. Lauderdale, FL 33316



*Venice of America* **Transportation and Mobility Department**

3) **The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).**

The applicant is the owner of the vehicle(s) listed in this application.

The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: Marcelo Salvo

Address: 2217 SW 33rd Way Fort Lauderdale, FL 33312

Phone: (954) 348-4467

NOTE: Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **EXHIBIT 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

**Exhibit 3** is attached to this application.

4) **A financial statement prepared by a certified public accountant.**

NOTE: A certified financial statement must be attached to this application; please label it as **EXHIBIT 4**. The ordinance requires that the statement be certified. The application cannot be forwarded to the City Commission without the certification. Check box below when this has been attached.

**Exhibit 4** is attached to this application.

5) **A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.**

The applicant is not a holder of a certificate(s) or this is a new business.

The applicant is the holder of a certificate. A profit and loss statement has been labeled as **EXHIBIT 5** and attached to this application.

6) **An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and public liability.**

An accurate certified account of records as described in subsection (8) above has been labeled as **EXHIBIT 6** and attached to this application.



*Venice of America* **Transportation and Mobility Department**

7) Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 of this Code.

The license fee is attached to this application. Fee Amount \_\_\_\_\_

8) A comprehensive listing of any violation or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicle(s) for hire incidents that occurred in the State of Florida.

Are you the applicant currently operating a business regarding vehicles for hire?

Yes  No

If yes, business name: Frankie's Shuttles

Have you, the applicant been involved in vehicle(s) for hire in the past?

Yes  No

Have you, the applicant been involved with another business regarding vehicle(s) for hire?

Yes  No

If yes, business name: \_\_\_\_\_

Are any of the corporate officers, directors, managers or partners involved in any business regarding vehicle(s) for hire or have they ever been involved in a business regarding vehicle(s) for hire?

Yes  No

If yes: Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Names of Person \_\_\_\_\_

Business Name \_\_\_\_\_

**NOTE:** Attach extra sheets if more room is needed. Please label as **EXHIBIT 7** and check box below.

**Exhibit 7** is attached to this application.

Provide a comprehensive listing of any violations or complaints that would be included in subsection (10) of the ordinance section. Label the attached sheet(s) **EXHIBIT 8**.



Venice of America Transportation and Mobility Department

- I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.
I have provided a comprehensive listing of the violations and/or complaints that must be reported per Section 27-192(b) (10) of the Code of Ordinances. It is labeled as Exhibit 8.

9) Sec. 27-193. Insurance required.

a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall submit to the Transportation and Mobility Department a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

Table with 3 columns: Type of Vehicle, Public Liability Policies Amount, Property Damage Policies Amount. Rows include Rental Car with Chauffeur, Sightseeing vehicle, and Non motorized.

b) All such public liability and property damage insurance policies shall be written by companies having, or enjoying a B and BB rating and authorized to transact business in the state. Such policies shall be deposited with the license inspector or the city and shall be kept in full force and effect by the applicant at all times.

Please note that this application will be forwarded to the Police Department for a list of all violations and/or complaints that may be a part of public record.

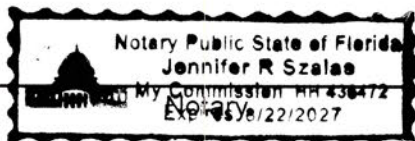
10) The date the application is made. DATE: 02 / 20 / 2024

I hereby swear the above information is true.

Marcelo Salvo
Name of Applicant (print or type)

Signature of Applicant

Sworn to and subscribed before me this 20th day of February, 2024



(Office Use Only) Application received on \_\_\_\_\_ by \_\_\_\_\_



**EXHIBIT 1**

To Whom it may concern,

Frankie's Golf Cart Shuttles is a low speed vehicle transportation service for residents, vacationers, and anyone looking to have the experience riding down the beach or downtown Fort Lauderdale sightseeing the beauty of South Florida. Pick up services can be from a hotel, beach, restaurant, vacation rental home / residential home as the drop off is the same. We only drive around Fort Lauderdale Beach/ Las Olas area. We have 2- 6 passenger low speed vehicles

Low Speed Vehicle #1: 2022/ASPT White 6P

Plate: 66DCEX

VIN: FLA119224

Low Speed Vehicle #2: 2022/ASPT White 6P

Plate: AR29SH

VIN: FLA122355



# Member Statement

Brevard: 321-752-2222 Miami-Dade: 305-882-5000  
Broward: 954-704-5000 All Other Areas: 800-447-7228

P.O. Box 419001  
Melbourne, FL 32941-9001

9-840-01627-0026515-001-000-000-000-000

FRANKIES SHUTTLES LLC  
2217 SW 33RD WAY  
FORT LAUDERDALE FL 33312-4339

**ANNUAL MEMBER MEETING**  
Thursday, February 29, at 6pm  
Meeting to be held virtually.

For more details and registration, visit [SCCU.com/AnnualMeeting](http://SCCU.com/AnnualMeeting)

Visit [SCCU.com/Privacy-Policy](http://SCCU.com/Privacy-Policy) to see how we protect the privacy of your personal information

Statement Period	Member Number	SCCU Members' Watchdog Promise
1/1/24 to 1/31/24	[REDACTED]	Honest People, Trusted Products, Time Valued

### Statement Summary

Account Type	Beginning Balance	Ending Balance
Business Savings	\$5.00	\$5.00
Business Free Checking	\$101.30	\$53.31

### Business Savings Account Summary

Account Number [REDACTED]			
Days In Period	31	Interest Rate	0.04%
Beginning Balance	\$5.00	Annual Percentage Yield Earned	0.00%
Total Money In	\$0.00	Dividends Paid This Period	\$0.00
Total Money Out	\$0.00	Dividends Paid Year To Date	\$0.00
Ending Balance	\$5.00	Total Service Charges	\$0.00

### Account Activity

Transaction Date	Effective Date	Transaction Description	Money In	Money Out	Balance
		Beginning Balance			\$5.00
		Ending Balance			\$5.00

Overdraft and Returned Item Fees		
	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Fees	\$0.00	\$0.00



Jennifer Szalas 2/20/24

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**Business Free Checking Account Summary**

Account Number [REDACTED]

Days In Period	31	Total Service Charges	\$0.00
Beginning Balance	\$101.30		
Total Money In	\$1,580.00		
Total Money Out	\$1,627.99		
Ending Balance	\$53.31		

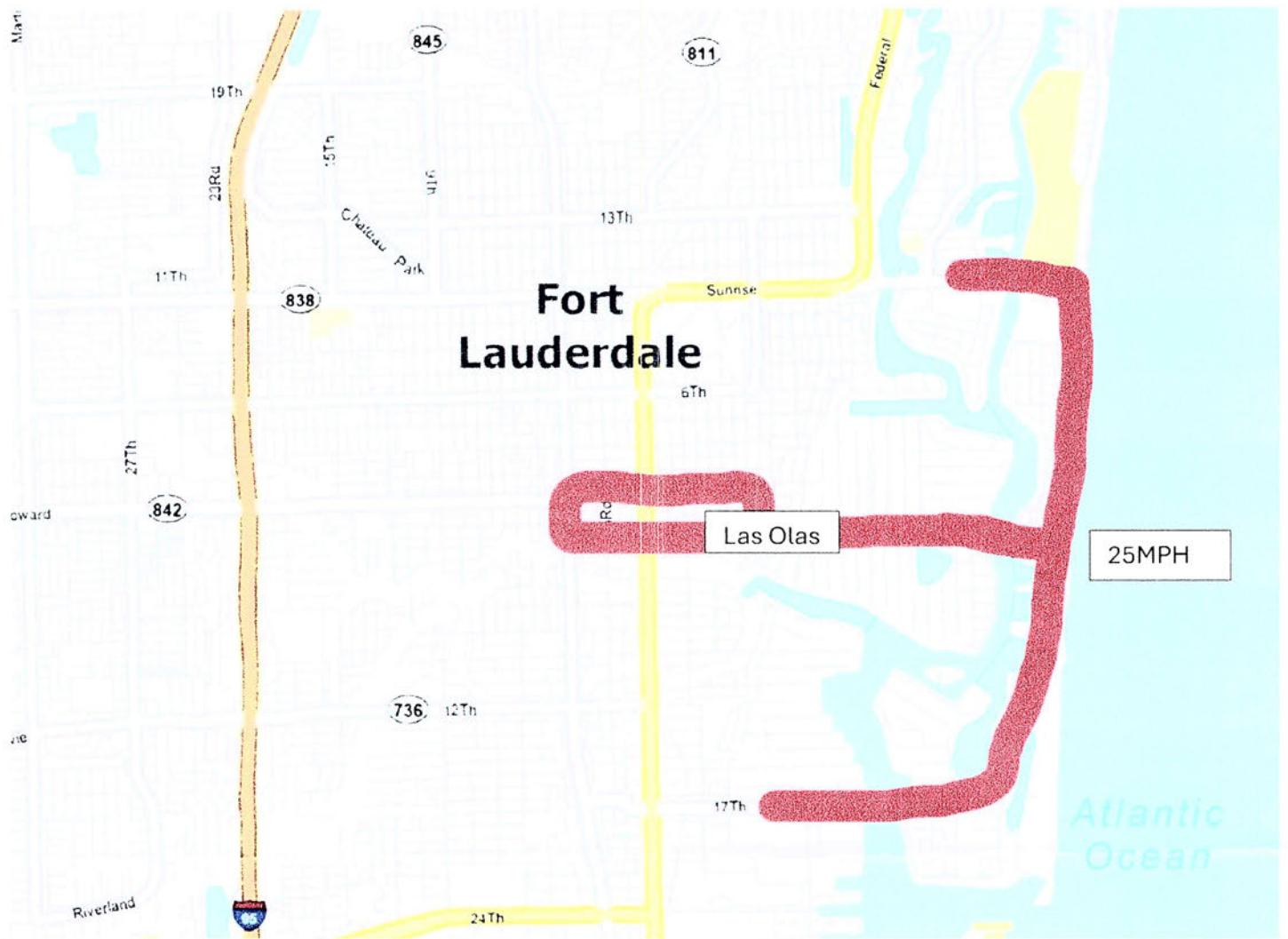
**Account Activity**

Transaction Date	Effective Date	Transaction Description	Money In	Money Out	Balance
		Beginning Balance			\$101.30
1/9/24	1/9/24	Deposit Shared Branch SCCU Mobile Deposit	1,500.00		1,601.30
1/12/24	1/12/24	External Withdrawal GREENLIGHT PREMI UM FINANCE COMPANY - INS.PMTS. 65		-279.96	1,321.34
1/12/24	1/12/24	External Withdrawal GREENLIGHT PREMI UM FINANCE COMPANY - INS.PMTS. 65		-279.27	1,042.07
1/12/24	1/12/24	External Withdrawal AUTOMATED INSTAL LMENT SYSTEMS - INS.PMTS. 300		-10.00	1,032.07
1/12/24	1/12/24	External Withdrawal AUTOMATED INSTAL LMENT SYSTEMS - INS.PMTS. 300		-10.00	1,022.07
1/16/24	1/16/24	External Withdrawal DLL FINANCE LLC - ACH 101-0554121-000		-540.83	481.24
1/17/24	1/17/24	External Deposit WELLS FARGO IFI - DDA TO DDA	80.00		561.24
1/22/24	1/22/24	External Withdrawal AGRICREDIT - PORTAL 101-0540655-000		-507.93	53.31
		Ending Balance			\$53.31

Overdraft and Returned Item Fees		
	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Fees	\$0.00	\$0.00







# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
07/13/2023

**PRODUCER AND THE NAMED INSURED**  
Evolution Insurance Brokers, LLC.

8722 S. Harrison St.  
Sandy, UT 84070  
(801) 304-5500

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

## INSURERS AFFORDING COVERAGE

**INSURED**  
Frankie's Shuttles LLC

2217 SW 33rd Way  
Fort Lauderdale, FL 33312

INSURER A: Prime Property & Casualty Insurance Inc.  
INSURER B: Prime Insurance Company  
INSURER C:  
INSURER D:  
INSURER E:

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

- Company #27876

### COVERAGES

The policies of insurance listed below have been issued to the Insured named above for the policy indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Commercial Liability (B)</b> <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	SC23070776	7/11/2023	7/11/2024	\$50,000 Per Person \$100,000 Per Accident \$300,000 Policy Aggregate
<input checked="" type="checkbox"/> <b>Commercial Auto Liability (A)</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	PC23070775	7/11/2023	7/11/2024	\$10,000 Per Person \$20,000 Per Accident \$10,000 Physical Damage-total scheduled val \$10,000 U.M. Per Person \$20,000 U.M. Per Accident \$10,000 P.I.P Per Person
<input type="checkbox"/> <b>Commercial Garage Liability</b> G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/>				

**OTHER**  
Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**     **ADDITIONAL INSURED**     **LOSS PAYEE**

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NO WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Xavier Demaris*

# FLORIDA VEHICLE REGISTRATION

CO/AGY 10 / 3 T# 1839773591  
B# 3811066

PLATE **66DCEX** DECAL **02362119** Expires **Midnight Mon 6/30/2025**

YR/MK <b>2022/ASPT</b>	BODY <b>6P</b>	COLOR <b>WHI</b>	Reg. Tax <b>55.20</b>	Class Code <b>1</b>
VIN <b>FLA119224</b>		TITLE <b>145963151</b>	Init. Reg.	Tax Months <b>24</b>
Plate Type <b>RGS</b>	NET WT <b>1240</b>		County Fee <b>6.00</b>	Back Tax Mos
			Mail Fee	Credit Class
DL/FEID -			Sales Tax	Credit Months
Date Issued <b>7/26/2023</b>	Plate Issued <b>7/22/2022</b>		Voluntary Fees	
			Grand Total <b>61.20</b>	

**FRANKIE'S SHUTTLE LLC**  
2217 SW 33RD WAY  
FORT LAUDERDALE, FL 33312-4339



**RB KING INSURANCE**  
2770 Davie Blvd  
Fort Lauderdale FL 33312  
Phone: 954-530-0067  
Auto, Home, Bus., Tags & Title

RGS - SUNSHINE STATE

### IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

# FLORIDA VEHICLE REGISTRATION

CO/AGY 10 / 3 T# 1839776077  
B# 3811066

PLATE **AR29SH** DECAL **02362173** Expires **Midnight Mon 6/30/2025**

YR/MK <b>2022/ASPT</b>	BODY <b>6P</b>	COLOR <b>WHI</b>	Reg. Tax <b>55.20</b>	Class Code <b>1</b>
VIN <b>FLA122355</b>		TITLE <b>147725229</b>	Init. Reg.	Tax Months <b>24</b>
Plate Type <b>RGS</b>	NET WT <b>1240</b>		County Fee <b>6.00</b>	Back Tax Mos
			Mail Fee	Credit Class
DL/FEID -			Sales Tax	Credit Months
Date Issued <b>7/26/2023</b>	Plate Issued <b>1/25/2023</b>		Voluntary Fees	
			Grand Total <b>61.20</b>	

**FRANKIE'S SHUTTLE LLC**  
2217 SW 33RD WAY  
FORT LAUDERDALE, FL 33312-4339



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5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

### EQUIPMENT IDENTIFICATION CARD

(State) FL Company  
Company Number Prime Insurance Company - Company #12588  
11264  
Policy Number Effective Date Ending Date  
SC23070776 7/11/2023 7/11/2024  
Year Make Identification No.  
2022 ASPT FLA119224  
Company Issuing Card  
Prime Insurance Company  
Insured Name Frankie's Shuttles LLC  
2217 SW 33rd Way  
Fort Lauderdale, FL 33312



THIS CARD MUST BE KEPT WITH  
EQUIPMENT AND PRESENTED UPON  
DEMAND

#### IF YOU HAVE AN ACCIDENT OR LOSS:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home), and license numbers of all persons involved, including passengers and witnesses, and license plate number and state of each vehicle involved.
- Contact Claims Direct Access immediately at (877) 585-2849.

### EQUIPMENT IDENTIFICATION CARD

(State) FL Company  
Company Number Prime Insurance Company - Company #12588  
11264  
Policy Number Effective Date Ending Date  
SC23070776 7/11/2023 7/11/2024  
Year Make Identification No.  
2022 CLUB CAR FLA122355  
Company Issuing Card  
Prime Insurance Company  
Insured Name Frankie's Shuttles LLC  
2217 SW 33rd Way  
Fort Lauderdale, FL 33312



THIS CARD MUST BE KEPT WITH  
EQUIPMENT AND PRESENTED UPON  
DEMAND

#### IF YOU HAVE AN ACCIDENT OR LOSS:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home), and license numbers of all persons involved, including passengers and witnesses, and license plate number and state of each vehicle involved.
- Contact Claims Direct Access immediately at (877) 585-2849.